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MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		ARIZONA		State File No. 419	
1. PLACE OF DEATH		County <u>PIMA</u>		State <u>ARIZONA</u>		Registered No. <u>977</u>			
Township _____		City <u>TUCSON, ARIZONA</u>		No. <u>VETERANS ADMINISTRATION FACILITY</u>		Ward _____			
Length of residence in city or town where death occurred <u>1</u> yrs. <u>4</u> mos. <u>11</u> ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		How long in U. S. if of foreign birth? <u>3</u> yrs. <u>2</u> mos. <u>0</u> ds.		How long in State when death occurred? <u>3</u> yrs. <u>2</u> mos. <u>0</u> ds.			
2. FULL NAME <u>POWERS, William G-903 715</u>		(a) Residence: No. <u>Menahga, Minnesota</u>		St. _____		Ward _____		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED <u>single</u>		6. DATE OF BIRTH (month, day, and year) <u>Jan. 1, 1901</u>		7. AGE <u>36</u> Years <u>10</u> Months <u>12</u> Days	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) <u>unkn.</u>		11. Total time (years) spent in this occupation <u>unkn.</u>			
12. BIRTHPLACE (city or town) <u>Ironwood, Mich</u>		(State or Country)		13. NAME <u>Daniel Powers (deceased)</u>		14. BIRTHPLACE (city or town) <u>not known</u>		(State or Country)	
15. MAIDEN NAME <u>Mary S. (last name unknown)</u>		(living)		16. BIRTHPLACE (city or town) <u>not known</u>		(State or Country)			
17. INFORMANT (Address) <u>Ho sp. Rec. & Geo. V. Burton, M.D. Wa. Surg.</u>		18. BURIAL, CREMATION, OR REMOVAL <u>Menahga, Minn.</u>		19. EMBALMER (Address) <u>Menahga, Minn.</u>		20. Filed <u>11-14-37</u>			
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) <u>11/13/37</u> , 19									
22. I HEREBY CERTIFY, That I attended deceased from <u>July 3, 1936</u> , 19, to <u>Nov. 13, 1937</u> , 19.									
I last saw him alive on <u>Nov. 13, 1937</u> , 19; death is said to have occurred on the date stated above, at <u>8:40 am</u> m.									
The principal cause of death and related causes of importance were as follows:									
Pulmonary tuberculosis								Date of Onset <u>1933</u>	
Other contributory causes of importance:									
nephritis, Chr. parenchymatous, severe								<u>9/29/37</u>	
Uremia - with convulsions								<u>11/12/37</u>	
Name of operation <u>none</u> Date of _____									
Lab tests <u>physical findings</u> <u>X-ray</u>									
23. If death was due to external causes (violence) fill in also the following:									
Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19									
Where did injury occur? _____									
(Specify city or town, county and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury _____									
Nature of injury _____									
24. Was disease or injury in any way related to occupation of deceased? <u>not known</u>									
If so, specify _____									
(Signed) <u>A. C. Walker, M.D.</u> M. D.									
(Address) <u>Chief Med. Off. VAH, Tucson, Ariz.</u>									